



FRANFUND®

Automatic Billing Change Form

Name: _____

Company Name: _____

Email: _____

ANY UPDATED CONTACT INFORMATION FOR FILE:

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

OPTION

1

Checking Account for ACH:

Bank Name: _____

Routing #: _____

Account #: _____

OPTION

2

Credit Card: *(we accept Visa, MasterCard, Discover, American Express)*

CC #: _____

Expiration Date: _____ Security Code: _____

Authorized Signature: _____ Date: _____

For security purposes, we recommend sending payment information through our secure portal or fax.

Phone: 817.730.4500 | Fax: 817.546.7219 | Email: billing@franfund.com